

# Multi-Sector Needs Assessment: Ifo Refugee Camp

Garissa County, Kenya, September 2019

## Summary

As of August 2019, a total of 212,936<sup>1</sup> mostly Somali refugees resided in Dadaab refugee complex (Dagahaley (71,311), Hagadera (74,526) and Ifo (67,099)). With continued conflict, instability and drought causing new displacement in Somalia, in addition to reduced humanitarian funding in Dadaab, there is a need to strengthen information on humanitarian needs and access to assistance and services in the camps. This information will support the planning of immediate refugee responses and inform the development of long term response strategies including government-led Comprehensive Refugee Response Framework (CRRF) annual plans and county level development plans. Since May 2017, REACH has worked in collaboration with the Norwegian Refugee Council (NRC) and in support of camp management and operational partners to provide guidance on developing tools and methodologies for data collection in Dadaab refugee complex.

This factsheet provides an overview of the multi-sector needs assessment in Ifo refugee camp. It provides an analysis of refugee humanitarian needs, access to shelter, protection, food security, health, water, sanitation and hygiene (WASH) and livelihoods.

Primary data was collected through household (HH) surveys from 11 to 25 September, 2019. A total of 374 households (HHs) were randomly selected and interviewed. The assessment was sampled to fulfil a confidence level of 95% and a margin of error of 5% at the camp level. This level is guaranteed for all questions that apply to the entire surveyed population of each camp. Findings relating to a subset of the surveyed population may have a wider margin of error and a lower confidence level.

## Demographics

### Distribution of population by age and sex:



61% of the assessed households were male-headed while 39% were female-headed. 70% of HHs reported that at least one member of their HH was born in Kenya.

The average HH size is 6.

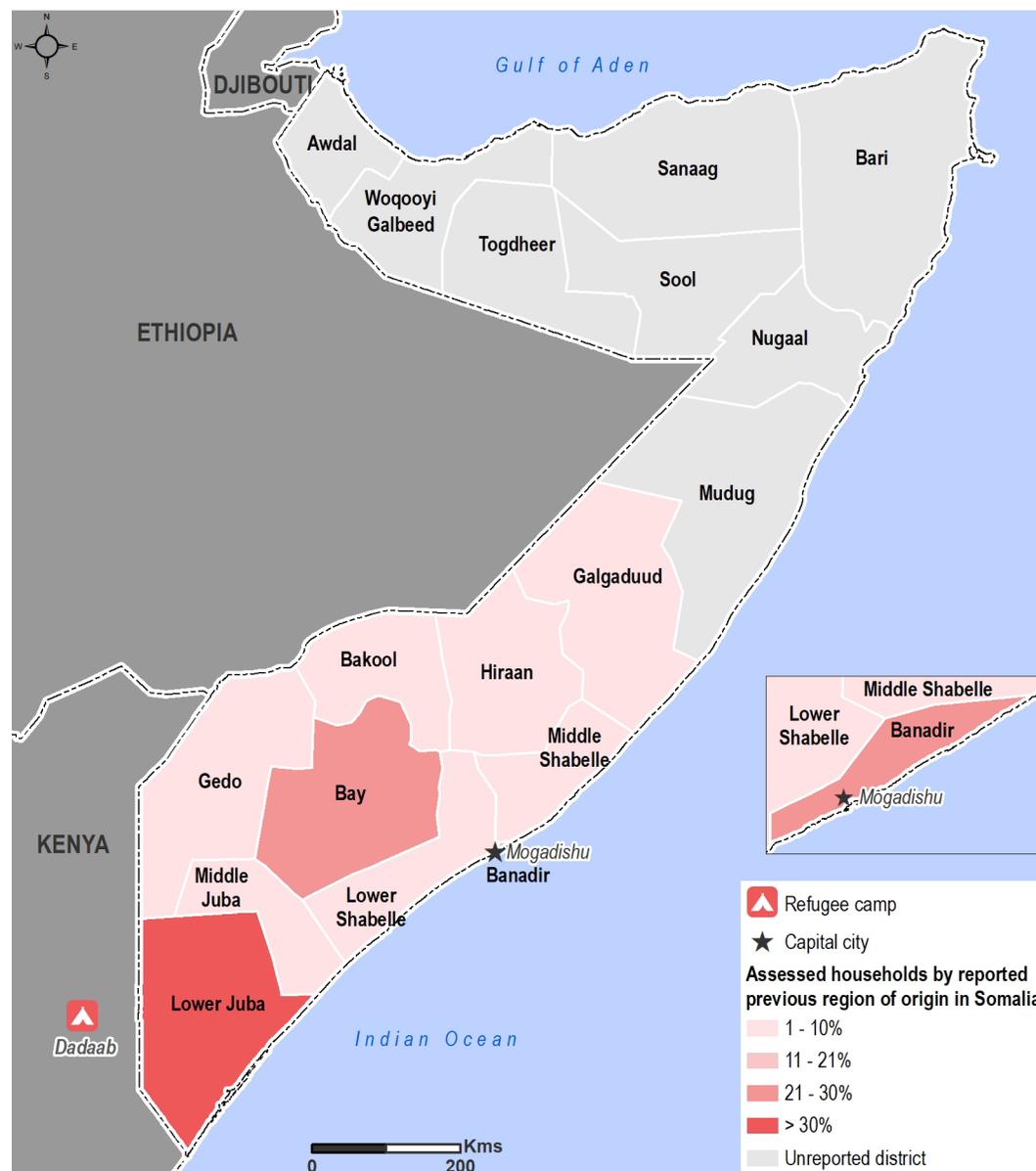
### Country of origin as reported by HHs:



### Reported time lived in Dadaab by HHs:



## Reported regions of origin of refugees residing in Ifo



1. UNHCR Statistics package, September 2019.

2. Households could choose multiple answers



Funded by European Union Civil Protection and Humanitarian Aid

In partnership with:



NORWEGIAN REFUGEE COUNCIL

**REACH** Informing more effective humanitarian action

# Multi-Sector Needs Assessment: Ifo Refugee Camp

Garissa County, Kenya, September 2019

## Protection

### Registration and documentation

#### Household refugee registration status:

All members are registered	98%
Some members are registered	1%
No member is registered	1%



#### Household members that had identity documents (IDs):

All members have IDs	55%
Some members have IDs	43%
No member has an ID	2%



#### Top reported identity documentation possessed by HH members:<sup>2</sup>

Refugee alien ID card	98%
Kenyan birth certificate	36%
Proof of registration	19%

Of the 98% of HHs that reported having a member who possessed a refugee alien ID card, 32% reported that the refugee alien ID card was expired. 43% of these, reported that their sim cards had been deactivated because their refugee alien ID cards were expired.

91% of HHs reported that they had adequate information regarding the relocation and resettlement exercise that was going on in Dadaab. The 9% HHs who did not have adequate information, reported that they would like to understand the selection criteria of those who were relocated or resettled.

### Persons with specific needs

#### % of HHs with at least one member having the following specific needs:<sup>2</sup>

Pregnant or lactating women	39%
Men with disability	6%
Women with disability	5%

### Security

100% of HHs perceive the security to be very good or good in the 6 months prior to the data collection. 92% of HHs reported that they had a good or very good relationship with the host community, 3% had a poor relationship with the host community while 4% reported that they do not relate with the host community.

#### % of HHs that turned to the following security providers to get help when experiencing insecurity incidents<sup>3,2</sup>

Police	92%
Community groups	3%
Refugee leaders	2%

47% of HHs who reported insecurity cases to the police, said that these cases were resolved in less than one week.

3. Insecurity incidents include theft, sexual and gender based violence, domestic violence, etc.

4. For more information on food security indicators (FCS, CSI) please see: <https://bit.ly/2nmLWGV>

5. WFP thresholds are as follows: Good (rCSI of 0 – 4), Average (rCSI of 5 – 20), Poor (rCSI of > 21)

## Food security

#### % of HHs that perceived to have access to sufficient food in the seven days prior to the data collection:

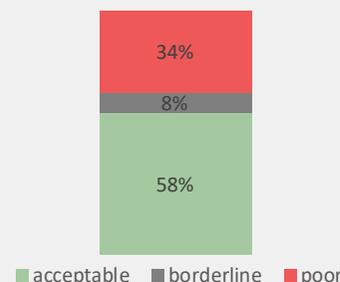
Yes	65%
No	35%



77% of HHs reported food voucher assistance as their main source of food. 68% of HHs reported that the amount of food has reduced in the 6 months prior to the data collection.

Average reduced coping strategy index score<sup>4</sup> is 12<sup>5</sup>. The most reported food coping strategies used by the HHs that did not have access to sufficient food was to rely on less preferred and less expensive food, reduce number of meals eaten and borrow food.

#### HH food consumption scores (FCS):<sup>4</sup>



## Humanitarian assistance

#### Top 3 most commonly reported HH needs:<sup>2</sup>

Water	100%
Food	99%
Shelter	80%

#### % of HHs that received humanitarian assistance in the 3 months prior to the data collection:

Yes	86%
No	14%



Of the 86% of HHs that reported receiving assistance, 45% were not satisfied with the most commonly reported reason being that it was not enough.

#### Top reported types of assistance received by HHs who had been provided with humanitarian assistance in the 3 months prior to the data collection:<sup>2</sup>

Food voucher	83%
Water treatment products	13%
Hygiene kits	11%



Funded by European Union Civil Protection and Humanitarian Aid

In partnership with:



NORWEGIAN REFUGEE COUNCIL

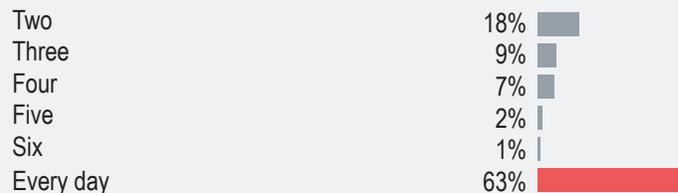
**REACH** Informing more effective humanitarian action

# Multi-Sector Needs Assessment: Ifo Refugee Camp

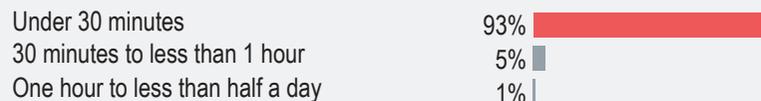
Garissa County, Kenya, September 2019

## Water, Sanitation & Hygiene

### Average number of days per week a HH member collects water:



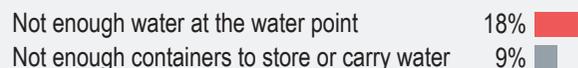
### Average time taken by a HH member to walk to their main waterpoint:



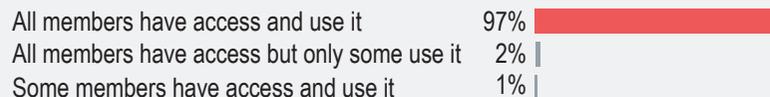
59% of HHs take an average of 30 minutes or less at the water collection points to queue and collect water.

57% of HHs reported that they had encountered a challenge when collecting water

### Main challenges encountered by HH members who reported that they had encountered a challenge while collecting water:



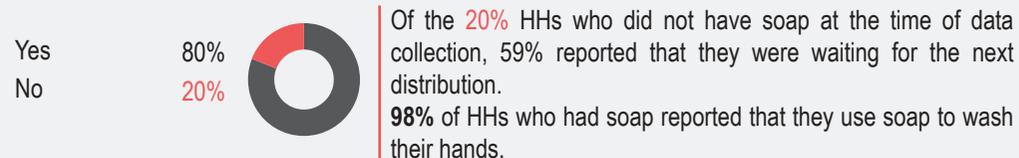
### % of HHs whose members had access to and used a latrine:



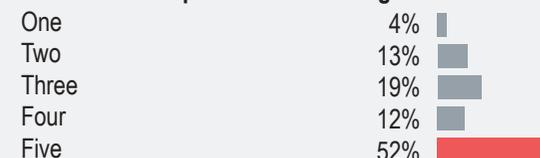
### Main accessibility problems reported by HHs where not all members had access to a latrine:<sup>2</sup>



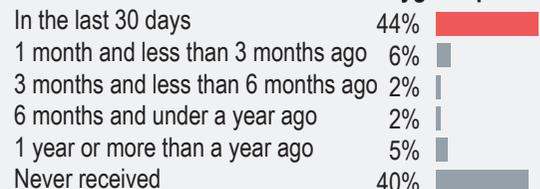
### % of HHs that had soap at the moment of data collection:



### % of HHs that reported the following critical hand washing times:<sup>6</sup>



### % of HHs whose members received hygiene promotion messages in the following timelines:



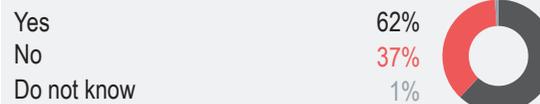
95% of HHs who had received hygiene promotion messages reported that they had received the messages from home visit by hygiene promoters.

## Health

### Average time taken by a HH member to walk to the nearest health facility:

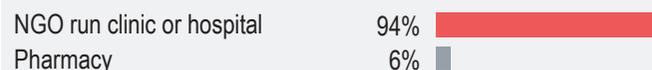


### % of HHs that received a visit from a community health worker in the 3 months prior to the data collection:



67% of the HHs reported that at least one member of their HH experienced a health issue in the one month prior to data collection and 93% of these HHs visited a health facility in response to the health issues experienced.

### % of households reporting visiting the following health facilities, of those that reported experiencing a health issue in the 30 days prior to data collection:



98% of the HHs who visited an NGO run clinic when they experienced a health issue, reported that they did not pay for health services.

Two per cent (2%) of HHs reported that they had at least one member of their HH who was malnourished. 14% of them reported that they were not able to access nutrition services mainly because they were not aware that these services were available.

## Movement

6% of the assessed HHs reported that at least one member of their HH had applied for a movement pass in the one month prior to data collection. 46% of these HHs reported that they had applied for a movement pass to visit their family or friends while 38% had applied for the movement pass to seek health services.

6. Hand washing should happen at 5 critical times i.e. before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child's bottom)



Funded by European Union Civil Protection and Humanitarian Aid

In partnership with:



NORWEGIAN REFUGEE COUNCIL

**REACH** Informing more effective humanitarian action

# Multi-Sector Needs Assessment: Ifo Refugee Camp

Garissa County, Kenya, September 2019

## Livelihoods

### Top reported primary sources of livelihoods by HHs in the 30 days prior to the data collection:<sup>2</sup>

Salaried-employment	8%		All the HHs who had a business reported that their source of capital for starting the business was savings.
Self-employment	1%		
Sale of natural resources	1%		

### Top reported livelihood coping strategies by HHs in the 30 days prior to the data collection:<sup>2</sup>

Rely on humanitarian aid	77%	
Support from friends and family	28%	
Sale of assistance items	15%	

### Top reported types of employment by HHs whose primary source of income is salaried-employment:

Humanitarian agency staff	90%	
Work in a business of another person	7%	
Domestic worker	3%	

### % of HHs that know what they require in order to get formal employment:<sup>2</sup>

Movement pass	36%	
Skills that match the job you apply for	33%	
Alien card	31%	
Apply for jobs	29%	
Formal language(English or Kiswahili)	28%	
Work permit	20%	
Proof of registration	18%	

### Main reported types of business run by HHs whose primary source of livelihoods is self-employment:

Non-food item shop	60%	
Food retail shop	20%	
Mechanic shop	20%	

95% of HHs reported that food was their largest expense.

### % of households that had borrowed money (from traders, family, etc.):



Of the 61% HHs that were indebted, 98% reported that they had borrowed money to buy food.

## Education

### Proportion of school-aged<sup>7</sup> children attending school per education level:

	Boys 	Girls 
Pre-primary	20%	21%
Primary	46%	45%
Secondary	7%	8%
Not attending	27%	26%

### Most commonly reported barriers by HHs whose children are not attending school:<sup>2</sup>

	Boys	Girls
Too young to go to school	1	Too young to go to school
School is too far	2	School is too far
Need to work	3	Domestic chores

### Top reported reasons why HHs said that their children were too young to go to school:<sup>2</sup>

Prefer to attend Madrasa classes first	54%	
Distance to be covered is too long	46%	

14% of HHs reported that they had at least one member of their HH who did not transition to tertiary education after completing secondary school in the last 5 years. 63% of them reported that these HH members did not transition to tertiary education mainly because of lack of school fees or they preferred to work instead.

## Shelter

On average, 1 shelter is shared among 3 HH members.

### Top reported type of shelter in Ifo:

Cordia shrub wall (with or without mud)	50%	
Iron sheets (wall and roof)	47%	
Mud brick wall	21%	

### % of households that have proof of allocation for the place they have put up their shelter :



7. School-aged children are children between 4 years and 17 years



Funded by  
European Union  
Civil Protection and  
Humanitarian Aid

In partnership with:



NORWEGIAN  
REFUGEE COUNCIL

**REACH** Informing  
more effective  
humanitarian action